## COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

FAX: 886-2-2369 7233

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## AUTOMATIC GAIN CONTROL CIRCUIT FOR CONTROLLING START-UP TIME OF OSCILLATOR AND METHOD THEREOF

the	e specification of whic	h			
_X	_ is attached hereto.				
	as Application Ser	ial No	and was amended on		·
ap ap for	ecification, including t I acknowledge the plication in accordanc I hereby claim fore plication(s) for paten	the claims, as amende e duty to disclose info ce with Title 37, Code of ign priority benefits un t or inventor's certific atent or inventor's cert ned:	and understand the content d by any amendment referred rmation which is material to of Federal Regulations, § 1. der Title 35, United States Co ate listed below and have ificate having a filing date be	ed to above. the patent 56(a). Code, § 119 also identifi	ability of thi of any foreig ed below an
	Number	Country	Date Filed(yyyy/mm/dd)	Yes	No
	92109304	Taiwan, R.O.C.	2003/4/22	X	
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_	SEND CORRESPOR	NDENCE TO:	DIRECT TELEPHONE CALLS TO: (Name and telephone number)		
			fice Belind	da Lee	

## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Signature: Jung-Chow, Peng Date: July 3, 2003

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